idea as Roth et al. [1] that thymectomy before the pregnancy can improve the evolution of MG during the pregnancy. The most important limitation of the study of Roth et al. [1] is the sample size and due to the unpredictable course of myasthenia gravis during pregnancy the observation about a better prognosis in thymectomized mothers could be obtained only by chance. The second observation in this study about a better prognosis in babies of mothers with myasthenia gravis should be taken carefully. The prevalence of transient neonatal myasthenia gravis is highly variable in reports, going from 5 to 30% and mainly explained by the different methods to perform the diagnosis but potentially a genetic variation has been suggested [5]. In the study by Roth et al. [1], two newborns had symptoms after the delivery and both belonged to the nonthymectomized group of mothers. Again this observation could be derived only due to the small sample size of the study and not related directly with thymectomy status of the mother. Overall, this study has an interesting observation but more investigation is required.

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Reply to the Letter to the Editor

Reply to Tellez-Zenteno

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We thank Dr Tellez-Zenteno for his interesting remarks. We appreciate his valuable study on 18 patients, which we unfortunately did not cite [1]. Of course, we know the limitations of our own study, but it seems that the Mexican group comes to the same conclusion, that thymectomy should be recommended before pregnancy and that radical thymectomy during pregnancy or in the early post-partum period should be avoided [2].

Despite the unpredictable course of myasthenia gravis (MG), most of the studies in the literature seem to demonstrate that the majority of patients have an unchanged (or improved) stage of MG during pregnancy [3] and that the radical thymectomy results independently in a more stable course of MG and long-term benefit (Table 3: literature overview, from our previous study) [4].

The fact that we did not observe a single case of a myasthenic newborn in the group of thymectomized mothers is not an isolated observation. Although other studies did not describe a statistically relevant difference in the rate of neonatal myasthenia between nonthymectomized or thymectomized mothers, Papatestas et al. [5] reported that the incidence of myasthenic newborns of women who had not undergone thymectomy was twice that of the thymectomy group. In addition, we cannot confirm the contraindication of breast-feeding by mothers with MG, which is often advocated empirically.

We hope that our paper has stimulated further research in this field.

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Letter to the Editor

Oxidative stress and one-lung ventilation

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I read with great interest the paper by Misthos et al. [1]. In this prospective, nonrandomized report, the authors examine the effects of the duration of one-lung ventilation (OLV)